**Red Ribbon Kick-Off**

**Performance Registration Form**

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| **Primary Contact Information** |  | | |
| Requesting School / Organization: |  | | |
| Contact: | Phone #: | Cell Phone: | |
| Email: | | | |
| Address: | | | |
| City: | State: | | ZIP Code: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Performance**  i.e. (Band/chorus/step) |  | | |
| Performance Type: | Number of performers: | | Length of performance: |
| Contact: | Phone: | Cell: | |
| Email: | | | |
| **Note:** Performance time must be **5 minutes** or less. | | | |
| Please describe performance in detail & include any stage requirements or accommodations needed. | | | |

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| **DBHDD Use Only:** | |  | |
| Request Received: | Approved: | | Denial Reason: |

**Please Note:**

Selections are based on a first come first served basis in order of registration receipt along with performance adhering to drug free, healthy living lifestyle.